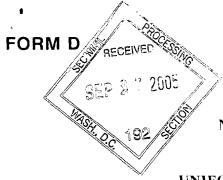
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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPRO	DVAL
OMB Number:	3235-0076
Expires: Apple	30 2008
Estimated average	e burden
hours per respons	

SEC USE ONLY						
Prefix	Serial					
DATE RECEIVED						
1	1					

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 ULOE Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA I. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) XCELPLUS INTERNATIONAL INC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Cotto) 5041 GENERAL PULLER HWY SALUDA, VIRGINIA 23149 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Cotto) Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Cotto)	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) XCELPLUS INTERNATIONAL INC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Co 5041 GENERAL PULLER HWY SALUDA, VIRGINIA 23149 804-758-8426	
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XCELPLUS INTERNATIONAL INC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Co 5041 GENERAL PULLER HWY SALUDA, VIRGINIA 23149 804-758-8426	200
5041 GENERAL PULLER HWY SALUDA, VIRGINIA 23149 804-758-8426	529
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area C	ode)
(if different from Executive Offices)	Code)
Brief Description of Business SPECIALTY CHEMICALS AND LUBRICANTS	dr (
Type of Business Organization corporation	A
Actual or Estimated Date of Incorporation or Organization: 12 0	<u></u>
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 1 77d(6).	15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. S and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.	•
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed photocopies of the manually signed copy or bear typed or printed signatures.	i must be
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix be filed with the SEC.	
Filing Fee: There is no federal filing fee.	-
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state whe are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amort accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes this notice and must be completed.	ere sales unt shall
ATTENTION —	

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			A, BASIC IDE	NTII	FICATION DATA				
2. Enter the information re	quested for the fo	llowing	2:						
Each promoter of t	he issuer, if the is	suer ha	s been organized w	ithin 1	the past five years;				
 Each beneficial ow 	ner having the pow	er to vo	ote or dispose, or dir	ect th	e vote or disposition	of, 10°	% or more o	f a clas	s of equity securities of the issuer.
Each executive off	icer and director o	f corpo	orate issuers and of	согро	rate general and man	aging	partners of	partne	ership issuers; and
• Each general and r	nanaging partner of	fpartn	ership issuers.				•		·
Check Box(es) that Apply:	✓ Promoter	Ø	Beneficial Owner	√	Executive Officer	1	Director		General and/or Managing Partner
Full Name (Last name first, i SMITH BILLY	findividual)								
Business or Residence Addre 10991 DANCERS CREE			City, State, Zip Co VIRGINIA 23050						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street.	City, State, Zip Co	ode)				-	AMA AMA
Check Box(cs) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street,	. City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		 					-	
Business or Residence Addre	ess (Number and	Street.	. City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)		-						
Business or Residence Addre	ess (Number and	Street.	. City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)								
Business or Residence Addre	ess (Number and	Street,	, City, State, Zip Co	ode)		****			
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)								
Business or Residence Addre	ess (Number and	Street.	. City, State, Zip Co	ode)					
	(Use bla	nk she	et, or copy and use	additi	onal copies of this s	hect, a	is necessary)	

	B. INFORMATION ABOUT OFFERING		
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.	_	No x
2.	What is the minimum investment that will be accepted from any individual?	\$_10	,000.00
3.	Does the offering permit joint ownership of a single unit?	Yes	No
<i>3</i> . <i>4</i> .	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, as	_	
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offerin If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a sta or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.	g. te	
Ful N/	l Name (Last name first, if individual)		
	iness or Residence Address (Number and Street, City, State, Zip Code)		
Na	ne of Associated Broker or Dealer		
Sta	es in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)		ll States
	AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NII NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI	MS OR WY	MO PA PR
Fu	Name (Last name first, if individual)		
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)		······
Na	ne of Associated Broker or Dealer		
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)		Il States
	AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NI: NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI	MS OR WY	MO PA PR
Fu	Name (Last name first, if individual)		
Bu	siness or Residence Address (Number and Street, City, State, Zip Code)		
Na	me of Associated Broker or Dealer		
Sta	tes in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	🗌 А	II States
	AL AK AZ AR CA CO CT DE DC FL GA IL IN IA KS KY LA ME MD MA MI MN MT NE NV NH NJ NM NY NC ND OH OK RI SC SD TN TX UT VT VA WA WV WI	MS OR WY	MO PA PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity	\$_147,340.00	<u>\$ 147,340.00</u>
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	
	Other (Specify)		\$
	Total	§ 147,340.00	\$_147,340.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	2	<u>\$ 147,340.00</u>
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)	2	§ 147,340.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$100.00
	Printing and Engraving Costs		<u>\$_0.00</u>
	Legal Fees		\$_0.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		§ 0.00
	Other Expenses (identify)	_	\$
	Total	_	_{\$} 100.00

C. OFFERING I MCC, (VOID)	SK OF INVESTORS, EAR ENGES AND UGE OF I		
and total expenses furnished in response to Part C Q	nuestion 4.a. This difference is the "adjusted gross		\$147,240.00
each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the	purpose is not known, furnish an estimate and he payments listed must equal the adjusted gross		
		Payments to Officers. Directors, & Affiliates	Payments to Others
Salaries and fees		\$_7,801.00	2 1,913.00
Purchase of real estate	[<u></u> \$
Purchase, rental or leasing and installation of mach	inery	- 0	
		_] \$	\$
offering that may be used in exchange for the assets	s or securities of another	¬ s	□\$
	_		
			\$
Column Totals	[\$ 139,439.00
		\$ <u></u> 14	47,240.00
	D. FEDERAL SIGNATURE		
nature constitutes an undertaking by the issuer to furn	ish to the U.S. Securities and Exchange Commis	sion, upon writte	
uer (Print or Type)	Signature	Date	
• •	B. 10B		5
	Title of Signer (Print or Type)	, , , ,	-
	• • • • • • • • • • • • • • • • • • • •		
	b. Enter the difference between the aggregate offerin and total expenses furnished in response to Part C — Q proceeds to the issuer." Indicate below the amount of the adjusted gross proceach of the purposes shown. If the amount for any check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C proceeds to the issuer set forth in response to Part C purchase of real estate. Purchase of real estate. Purchase, rental or leasing and installation of mach and equipment. Construction or leasing of plant buildings and facility offering that may be used in exchange for the assets issuer pursuant to a merger). Repayment of indebtedness. Working capital Other (specify): Column Totals Total Payments Listed (column totals added)	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment [Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) [Repayment of indebtedness [Working capital Other (specify): [Other (specify): [Other (specify): [Column Totals Total Payments Listed (column totals added) D. FEDERAL SIGNATURE e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of fact (Print or Type) CELPLUS INTERNATIONAL INC Title of Signer (Print or Type) Title of Signer (Print or Type)	and total expenses firmished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers. Directors, & Affiliates Salaries and fees — S 7.801.00 Purchase of real estate — S — Purchase, rental or leasing and installation of machinery and equipment — S — S — S — S — S — S — S — S — S —

- ATTENTION -----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
XCELPLUS INTERNATIONAL INC	Big R & 9-20-05
Name (Print or Type)	Title (Print or Type)
BILLY RAY SMITH	PRESIDENT / CEO

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX					
I	Intend to non-a investor	2 I to sell ccredited s in StateItem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	credited Non-Accredited				No	
AL		×						6	A CONTROL HEAD PROGRAMMENT OF COMPANY	
AK	***************************************	×						777	And the state of t	
ΑZ		×							granteni) qua qua que que que que de tentra dos	
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ID		×							***************************************	
IL		X								
IN		×								
IA		×								
KS		×								
KY		×								
LA	 	×					<u> </u>			
ME		×						-		
MD		×								
MA		×							3	
MI		×							Annual property and a second	
MN		×					<u>-</u>			
MS	9.00	×								

				APP	ENDIX				
I	Intend to non-a investor	2 I to sell ecredited s in StateItem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				
МО		×							
МТ		×	<i>a</i>						
NE		×							
NV		×							**************************************
NH		×	,						
NJ		×						***************************************	
NM	f	×							
NY		×					·		
NC		X						1	
ND		×	**					- Paragraphic	
ОН	a province	×							
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OR		×							
PA		×	COMMON (.01)	2	\$147,240.0	0			
RI		×							
SC		×							
SD		×							
TN	Market State	×							
TX		×	*						
UT		×							
VT		×						7	
VA		×	NV						
WA	de de la companya de	×							
WV	N N N	×							
WI	4	×							

				APPI	ENDIX					
1		2	3		4					
	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ate ULOE, attach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		×								
PR	2 4 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	×							300 Maria	